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Bib Data Sheet

CONFIRMATION NO. 1655

<b>SERIAL NUMBER</b> 09/580,287	<b>FILING OR 371(c) DATE</b> 05/30/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> U-014295-9
<b>APPLICANTS</b> Yuhpyng L. Chen, Waterford, CT;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/741,066 10/30/1996 PAT 6,403,599 which claims benefit of 60/006,333 11/08/1995 This application 09/580,287 is a CIP of 09/254,387 03/04/1999 PAT 6,316,631 which is a 371 of PCT/IB95/00437 06/06/1995				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/24/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 29  <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 00140				
<b>TITLE</b> Corticotropin releasing factor antagonists				
<b>FILING FEE RECEIVED</b> 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	